PATEN	APPLICATION Buttalline	ereoris ere regulared to res FEB DETERMINA of for Form PTO-876	TION RECOR	D Westernation of	niess it dist	Tough 7/31/2000 DEPARTMEN Plays & valid Of Delicit or Docks	II Ur. COMM
					1/	0/038	1950
Cl	AIMS AS FILED - I	PARTI :				7.	-0-0
	(Column 1) (Column 2)		SMALL ENTITY		QR	OTHER THAN SMALL ENTITY	
FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA	RATE		٠ .	SIMA	TT ENITTY
(37 CFR 1, (8(a))			- MAIE	FEE	4	RATE	FEE
TOTAL CLAIMS P7 CFR J.16(g)		,		1 .	OR		1
NOEPENDENT CLAULE	minus 20 =	·	X		7		
37 CFR 1.16(b))	minus 3 =.				OR	· X. 4	
IULTIPLE DEPENDENT CLA	IM PRESENT #5				OR	X \$=	1
		FR 1.16(d)) .	<u>. : +e</u> s		OR ·	1	1
If the difference in column	is less than zero, enter	or in column 2.	TOTAL		1 "		
	AS AMENDED - P		TOTAL	. لبنــــــــــــــــــــــــــــــــــــ	OR .	TOTAL	· L
, , ,	VO VINIENDED - P	ARTI			•	•	-
(Colu	mn 1) (Column 2) (Oolumn 3)					
1 . / / Бей	AIMS .H	IGHEST	SMALL	ENTITY .	OR	SMALL	R THAN ENTITY
1/2// G AF	TER Pari	NUMBER PRESENT	RATE	ADDI:			1.
Total AMEN	Minus "	AID FOR	n	TIONAL		RATE	HONAL
Total (37 CFR 6,16(c))		3/	X : =	- '55			FEE
(37 SER 1.16(b))	Minus ***.	5			OR	.X s=.	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 OFR 1.16(4))					OR _	X s	
,	The section of	OM (37 GFR 1,16(d))	+1		OR		
•	•	*	TOTAL ADO'L FEE		<u> </u>	TOTAL	<u> </u>
(Colum		oluthn 2) (Column 3)		 -	.OR ,	ADD'L FEE	
1/7/6 REMAIN	1S HIG	SHEST	<u> </u>	<u></u> .			
AMENDA	R	MBER PRESENT	RATE	ADDI .		RATE	
Total (3) CFR (Liftell	All	26		TIONAL FEE	w <u></u>		ADDI-
Independent D) CFR 1.16(a))				-	-		FEE
	Minús	=	X i		OR X	·	<u> </u>
FIRST PRESENTATION OF H	JUMPLE DEPENDENT GLAN	S DY CERT'I SELEN			OR X	5	
TOTAL TOTAL					OR +		
			ADD'L FEE	7 .	OR A	OTAL .	
(Column		mn 2) (Column 3)			OK AL	DD1 FEE	<u> </u>
CLAIMS REMAINI	HIGH	EST	·		-		
AFTER AMENDME	PREVIO	DUSLY EXTRA	RATE	ADDI-		RATE	ADDi
Total	Minus PAID	FOR		TIONAL .	1		TIONAL
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dependent CFR 1. (SO)	Minus		X		R X.		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 GFR 1.16(d))

ADD'L FEE

ADD'L FEE

OR ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by "37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments and Trademark Office, U.S. Oepartment of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

ADD'L FEE

OR COMPLETED FORMS TO THIS

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

OR